MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07339

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5 3

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dottie (Middle) Margett (Last) Gatewood

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 26 1922

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chester Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest Brown

14. MOTHER'S MAIDEN NAME: Ada Rodrigon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT AND ADDRESS: Mary Wallett, Chester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: about 2 years

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastases in intestines — several months

151X 46 (c) and spine

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 30. 1951. — 19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparatomy General carcinomatosis primary in stomach — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1951, to July 22, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 1 30a m., from the causes and on the date stated above.

SIGNATURE: Theodor Battelmayer (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED July 23 1951.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF July 24-51 — NAME OF CEMETERY OR CREMATORY Chester — LOCATION (City, town, or county) Chester (State) Md.

DATE REC'D BY LOCAL REG. July 23 1951 — REGISTRAR'S SIGNATURE Elizabeth Hopkins

24. FUNERAL DIRECTOR Dew-s A. Henry, Centreville ADDRESS

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07340

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
STREET ADDRESS (If rural, give location) Wye Mills Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Vera	Warren	July	29.	51

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	Col		July 1-1919	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer in Chicken dressing Plant		near Centreville Md	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey E. Stewart	Beatrice A. DeCourcey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	Not Known	Christopher Stewart (Bro) Wye Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Skull fractured

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 819.5 1800

(b) neck broken - jaw broken right leg broken

(c) Chest crushed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 29-51 12-a.m. 18		Auto accident - Hard object

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Henry Fisher M.D. Deputy med exam for 2 a Co Md — Centreville Md — 7/30-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31-51	Carmichael	Rural Queenstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-30-51	Elsie Armstrong	Barton Bros	Centreville Md

97406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

KS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07341

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GRACE (Middle) ROE (Last) KINNAMON
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 11-1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Queen Annes Co Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME William Emory Roe
14. MOTHER'S MAIDEN NAME Catherine Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS John F. Kinnamon Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) amyotrophic lateral sclerosis	about 3 years
334 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 82	(b) Arteriosclerosis general & cerebral	about 5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myoma uteri — 10 years?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED July 18. 1951.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20. 51
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. July 20-1951
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07342

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-ALBA

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Stevensville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Danny (Middle) Davis (Last) LaCompte

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: Dec 22-1926

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Man

10b. KIND OF BUSINESS OR INDUSTRY: Electric

11. BIRTHPLACE (State or foreign country): St. Michaels Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Romney B. LaCompte

14. MOTHER'S MAIDEN NAME: Martha E Lord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Romney B. LaCompte (Father)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) [redacted] Killed on State highway - hit by car	
8125 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neck broken - right arm broken &	
170 c	(c) chest torn off -	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State highway — (CITY OR TOWN) near Stevensville — (COUNTY) Queen Anne's — (STATE) Md.

TIME OF INJURY (Month) July (Day) 22 (Year) 51 (Hour) 3:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Not by auto while walking on State road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Harry Fisher M.D. Deputy med. Exam. for Queen Anne Co Md — Centreville Md — 7/22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 24-51 — NAME OF CEMETERY OR ~~CREMATORY~~: Christ — LOCATION (City, town, or county) (State): St Michaels Maryland

DATE REC'D BY LOCAL REG.: July 23, 1951 — REGISTRAR'S SIGNATURE: Elizabeth Hopkins — 24. FUNERAL DIRECTOR — ADDRESS: Hambleton & Harrison St Michaels Md

630398

RECEIVED
OCT 26 1954
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07343

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) L (Last) TARBUTTON
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 3, 1858
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Edward Hemelwright
14. MOTHER'S MAIDEN NAME Margaret Book
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mary Stevens Crumpton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation of Heart

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arterial Sclerosis

95c (c) Acute Enteritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 3:30 P m. from the causes and on the date stated above.

SIGNATURE C. N. Wilcoxon (Degree or title) MD ADDRESS Ludlowsville Md DATE SIGNED 7/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24 1951
NAME OF CEMETERY OR CREMATORY Crumpton Cem.
LOCATION (City, town, or county) Crumpton (State) Md.

DATE REC'D BY LOCAL REG. July 24
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Pillow Millington ADDRESS Md.

720826

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07344

CERTIFICATE OF DEATH

Reg. Dist. No. 254

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 44

1. PLACE OF DEATH
COUNTY: Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville
LENGTH OF STAY (in this place): Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Harrison	Wickens	July	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	Wht	Married	April 15 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oysterman	Grasonville	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alex Wickens	Mary Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Susie Wickens Grasonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Apoplexy	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	10 yrs.
	(c)	

3314 X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 26 1951, to July 29 1951, that I last saw the deceased alive on July 29 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W Chas E Snyder ADDRESS: Stevensville Md DATE SIGNED: 7/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 1 1951	Robinson Cemetery	Grasonville	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-31-51	Helen M Eldridge	John D Wellington	Easton Md

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AUG 2 1951
BUREAU U. S.